



## BID TABULATION AND AUTHORIZATION

*This information is required under the authority of Part 811 and Part 821 of the Michigan Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.*

**To be completed by Grant Sponsors conducting a bid process as required for the Off-Road Vehicle Trail Improvement Grant Program and the Recreational and Snowmobile Trail Improvement Grant Program.**

PROJECT NAME \_\_\_\_\_

GRANT SPONSOR \_\_\_\_\_

GRANT NUMBER & YEAR \_\_\_\_\_

BID OPENING DATE \_\_\_\_\_

BID OPENING TIME \_\_\_\_\_

BIDDER NAME \_\_\_\_\_

BID \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE \$ \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIDDER NAME \_\_\_\_\_

BID \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE \$ \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIDDER NAME \_\_\_\_\_

BID \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE \$ \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIDDER NAME \_\_\_\_\_

BID \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE \$ \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIDDER NAME \_\_\_\_\_

BID \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE \$ \_\_\_\_\_

TELEPHONE \_\_\_\_\_

*Attach additional bid sheets, as needed.*

**BID TABULATION AND AUTHORIZATION (CONT'D)**

|                   |                    |
|-------------------|--------------------|
| BIDDER NAME _____ | BID \$ _____       |
| ADDRESS _____     | ALTERNATE \$ _____ |
| TELEPHONE _____   |                    |

|                   |                    |
|-------------------|--------------------|
| BIDDER NAME _____ | BID \$ _____       |
| ADDRESS _____     | ALTERNATE \$ _____ |
| TELEPHONE _____   |                    |

**BID AWARD RECOMMENDATION**

|                                  |                     |
|----------------------------------|---------------------|
| BIDDER NAME _____                | BID AMOUNT \$ _____ |
| ADDRESS _____                    |                     |
| TELEPHONE _____                  |                     |
| BID OPENER (GRANT SPONSOR) _____ |                     |
| TELEPHONE _____                  |                     |
| BID OPENER SIGNATURE _____       | DATE _____          |

**<<<<<Attach All Bids and Send to your FMFM Mgt Unit Contact Person for Approval>>>>>**

**DNR USE ONLY**

**FOREST, MINERAL & FIRE MANAGEMENT (FMFM) APPROVAL**

|                                  |            |
|----------------------------------|------------|
| FMFM MGT UNIT _____              |            |
| FMFM MGT UNIT CONTACT NAME _____ |            |
| FMFM MGT UNIT SIGNATURE _____    | DATE _____ |
| COMMENTS: _____                  |            |
| _____                            |            |
| _____                            |            |
| _____                            |            |

**FMFM MGT UNIT SUBMIT TO: GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURACES  
PO BOX 30425  
LANSING MI 48909-7925**